



Hawaii Water Service / Keauhou Application for Sewage Disposal Service



NEW INSTALLATION
RECONNECTION

OWNER
TENANT

TMK #

ACCOUNT #

STREET ADDRESS

DATE OF APPLICATION

DATE OF SERVICE

SERVICE FEE

CURRENT RATE

DEPOSIT

CLASS

PURPOSE

OWNER (1) / AGENT

OWNER (2)

Billing Information

APPLICANT'S NAME

ADDRESS

CITY / STATE

ZIP

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER (1)

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER (2)

HOME / PRIMARY PHONE

CELL / ALTERNATE PHONE

EMAIL

DATE OF BIRTH

Authorization

THE UNDERSIGNED HEREBY APPLIES TO HAWAII WATER SERVICE FOR SEWAGE DISPOSAL SERVICE AT THE ABOVE LOCATION AND IN CONSIDERATION FOR THE PROVISION OF SUCH SERVICE, AGREES TO PAY ALL CHARGES INCURRED AT SUCH LOCATION FOR SUCH UTILITY SERVICE AND TO ABIDE BY AND BE SUBJECT TO ALL RULES, REGULATIONS, AND PROVISIONS PRESCRIBED BY HAWAII WATER SERVICE "RULES AND REGULATIONS" AS AUTHORIZED BY THE PUBLIC UTILITIES COMMISSION OF THE STATE OF HAWAII RELATING TO UTILITY SERVICE AND/OR RATES. THE UNDERSIGNED UNCONDITIONALLY GUARANTEES PAYMENT OF ALL CHARGES FOR UTILITY SERVICE OF THE LOCATION DESCRIBED HEREIN IN ACCORDANCE WITH THE RULES AND REGULATIONS, INCLUDING BUT NOT LIMITED TO CHARGES INCURRED BY PRESENT AND FUTURE TENANTS OF THE UNDERSIGNED OR OTHER PARTIES HAVING ACCESS TO SAID LOCATION. PLEASE RETURN THIS FORM TO THE HAWAII WATER SERVICE REPRESENTATIVE FOR PROCESSING.

BY SIGNING BELOW YOU ACKNOWLEDGE YOU HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE TERMS.

SIGN AND DATE — TENANT

SIGN AND DATE — OWNER (1)

SIGN AND DATE — ACTING AGENT

SIGN AND DATE — OWNER (2)

RECEIVING CLERK

APPROVING CLERK